Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

inter	nai Rever	the Service The Organization may have to use a copy of this return to satisfy state	reporting requirements	· Inspection			
A	For the	2010 calendar year, or tax year beginning and ending					
В	Check if applicable		D Employer identifi	cation number			
	Addres						
	Name change	Doing Business As	03-0554750				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone numbe	r			
	Termin ated	1640 RHODE ISLAND AVENUE, NW 825	202-	659-9570			
	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,773,144			
	Application	H(a) Is this a group re	eturn				
	pendin	F Name and address of principal officer PAGE GARDNER	for affiliates?	Yes X No			
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No			
17	Гах-ехе	mpt status 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list (see instructions)			
		E ► WWW.WVWVACTIONFUND.ORG	H(c) Group exemption	n number 🕨			
			of formation 2005	A State of legal domicile: DC			
Pa	art I	Summary					
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities SEE PART I	II, LINE 1.				
rnai	2	Check this box If the organization discontinued its operations or disposed of more	than 25% of its net as	sets			
ove		lumber of voting members of the governing body (Part VI, line 1a)	3				
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)	4				
S	1	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	(
vitie	ı	otal number of volunteers (estimate if necessary)	6	3			
Ę		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
«		let unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
a	8 (Contributions and grants (Part VIII, line 1h)	192,745.	2,771,712.			
Revenue	9 F	rogram service revenue (Part VIII, line 2g)	0.	0.			
eve	10 h	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	4.	1,432.			
Œ	11 (ther revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e)	10,000.	0.			
	12 T	otal revenue - add lines 8 through 11 (must equal Pad VIII, column (A), line 12)	202,749.	2,773,144.			
	13 (rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14 E	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,075.	74,153.			
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
хр	b T	otal fundraising expenses (Part IX, column (D), line 25) 157,408.					
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	178,421.	2,654,079.			
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), ine 25)	210,496.	2,728,232.			
	19 F	evenue less expenses Subtract line 18 from line 12RECEIVED	-7,747.	44,912.			
s or nces		• 1 10/1	inning of Current Year	End of Year			
Net Assets Fund Baland		otal assets (Part X, line 16)	74,725.	307,221.			
P P P P P P P P P P P P P P P P P P P		10/1	13,610.	201,194.			
	22 1	et assets or fund balances Subtract line 21 from line 20	61,115.	106,027.			
		Signature Block UGUCIN, UI					
		es of perjury, I declare that I have examined this return, including accompanying schedules and statement		knowledge and belief, it is			
true,	correct,	and complete: Deparation of preparer (other than officer) is based on all information of which preparer	has any knowledge.				
_		Significant	Date 1	701			
Sıgn	- 1	11 971/67	Date !				
Here	•	PAGE GARDNER / PRESIDENT Type or print value and title / ,					
			ate Check	PTIN			
D	- 1	Print type preparer yname Preparer's signature		-1			
Paid	H	self employed					
Prep	-	irm's name GELMAN, ROSENBERG & FREEDMAN irm's address 4550 MONTGOMERY AVE., SUITE 650 NORTH	Firm's EIN				
Use (ן אוויכ	DL / *	001 \ 001 0000				
145:	45- 151	Phone no (301) 951-9090				
		discuss this return with the preparer shown above? (see instructions)		X Yes No			
J3200	1 02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)			

	990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND 03-0554750 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
.1	Briefly describe the organization's mission
	TO PROMOTE SOCIAL WELFARE INCLUDING BUT NOT LIMITED TO, CONDUCTING
	RESEARCH ON DETERMINING HOW TO INCREASE THE SHARE OF UNMARRIED WOMEN
	IN THE ELECTORATE, DEVELOPING PUBLIC EDUCATION CAMPAIGNS THAT MOTIVATE
	VOTER REGISTRATION AND PARTICIPATION OF UNMARRIED WOMEN, ADVOCATING
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 2,508,253 • including grants of \$) (Revenue \$
	CONDUCTED ADVOCACY AND VOTER TURNOUT PROGRAMS USING DIRECT MAIL AND
	PHONE CONTACT, AS WELL AS OTHER MASS MARKETING COMMUNICATIONS. PROVIDED
	COMPREHENSIVE AND FACTUAL INFORMATION ABOUT POSITIONS OF CANDIDATES TO
	ENCOURAGE UNMARRIED WOMEN TO PARTICIPATE IN THE DEMOCRATIC PROCESS.
	ADVOCATED FOR BALLOT MEASURES, LIKE INCREASING THE MINIMUM WAGE, THAT
	ENHANCE THE LIVES OF UNMARRIED WOMEN. CONDUCTED AND DISSEMINATED
	RESEARCH ABOUT UNMARRIED WOMEN.
	RESEARCH ADOUT UMMARKIED WOMEN.
	
4b	(Code) (Expenses \$pounding grants of \$) (Revenue \$)
	/(Toverlad #
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,508,253.
032002	Form 990 (2010)

Form 990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND 03-0554750 Page

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		32
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I			X
7		6		
,	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		Λ
Ū	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	-		
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 lf "Yes," complete Schedule D,			
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part'X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	711	22	-
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0	- 44	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.		9.7
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	001		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Pa	rt IV Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other populations to approximate and account to the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	a.a.		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schodule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			37
28		27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If ""es," complete Schedule L, Part IV	200		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 22
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	10		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	_	37/1	
~~	If "Yes," complete Schedule R, Part V, line 2	36	N/Z	3
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	00	x	
	Taxes, as a sum occurred and required to complete our edule o	38 Form 9		010
		LOUIII S	JUU (2	U 1U)

_	n 990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND 03-055	1750	Р	age (
Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a ()		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	to the same of the	70		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	NAV II	5a		X
b		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		- 12
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Julia		-41
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	7.11		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966? N/A	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.	ļ		
а	Gross income from members or shareholders N/A 11a	- 1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	IZA		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O	isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Did the organization receive any payments for indoor tanning services during the tax year?	4.6-	\dashv	v
142		14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	- 1	

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		990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND 03-0554	750	F	age 6
L	Pal	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No"	respor	ıse
		• • • • • • • • • • • • • • • • • • • •			X
_	206	Check if Schedule O contains a response to any question in this Part VI			لما
_	000	tion A. Governing body and Management		Yes	No
	1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
	b	Enter the number of voting members included in line 1a, above, who are independent 1b			
	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
		officer, director, trustee, or key employee?	2		x
	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
		of officers, directors or trustees, or key employees to a management company or other person?	3		X
	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	6	Does the organization have members or stockholders?	6		X
	7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
		governing body?	7a		X
	b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1		
		by the following			
	а	The governing body?	8a	X	
	b	Each committee with authority to act on behalf of the governing body?	8b	X	
	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_		organization's mailing address? If "Yes," provide the names and addresses in Schedule 6	9		X
5	ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T	
		5		Yes	No
1		Does the organization have local chapters, branches, or affiliates?	10a		X
	b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
4	1-	and branches to ensure their operations are consistent with those of the organization?	10b	v	<u> </u>
1		Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
4		Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	120	X	
		Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	Λ	
	J	to conflicts?	12b	Х	
	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0	45	
	•	in Schedule O how this is done	12c	х	
1	3	Does the organization have a written whistleblower policy?	13	X	
	4	Does the organization have a written document retention and destruction policy?	14	X	
1	5	Did the process for determining compensation of the following persons include a review and approval by independent			
		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	а	The organization's CEO, Executive Director, or top management official	15a		X
	b	Other officers or key employees of the organization	15b		X
		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
1	6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		,	
		taxable entity during the year?	16a		X
	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		-	
		in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
-		exempt status with respect to such arrangements?	16b		
S		tion C. Disclosure			
1		List the states with which a copy of this Form 990 is required to be filed ► NONE			
1		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
		public inspection. Indicate how you make these available. Check all that apply			
	_	Own website Another's website X Upon request			
1		Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	id fina	ncial	
		statements available to the public	_		
2		State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨		
		BILL SATHER - 202-659-9570			
	-	1640 RHODE ISLAND AVENUE, NW, NO. 825, WASHINGTON, DC 20036	r	000	0040
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Form 990 (2010)	, MC	OMEN'S	VOICES	. WOMEN	VOTE	ACTION	FUND	03-0554750	Page 7		
Part VII Co	npensation of	Officers,	Directors,	Trustees	, Key Er	nployees,	Highest	Compensated			
Employees, and Independent Contractors											
Check if Schedule O contains a response to any question in this Part VII											
Section A Off	cers Directors Tu	rustees Ke	v Employees	and Highes	t Comper	sated Emplo	vees				

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	or any related	orga	anıza	ation	CO	mpe	nsa	ted any current officer, of	director, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated	
	hours per	(cl	(check all that			at apply)		compensation	compensation	amount of	
	week	TO:						from	from related	other	
	(describe	direc				8		the	organizations	compensation	
	hours for related	Individual trustee or director	Institutional trustee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Itus	nal tr		Key employee	g a		(44-271099-141130)	4	and related	
	in Schedule	NIQ ng	itutio	Officer	emp	hest	Former			organizations	
Ľ.	O)	Ē	Inst	€	Key	돌통	윤				
PAGE GARDNER (SEE SCHEDULE O)								K-	9	_	
PRESIDENT	10.00	X		X				190,000.	0.	0.	
AVIS JONES DEWEEVER						1		Y			
BOARD MEMBER	0.50	X				V	\triangleright	0.	0.	0.	
RUTH FERGUSON				h Ì		>				=	
BOARD MEMBER	0.50	X	× .	1	V	_	_	0.	0.	0.	
LISALYN JACOB				Ť						•	
BOARD MEMBER	0.50	X				_		0.	.0.	0.	
KIM GRIFFIN (SEE SCHEDULE O)											
CHIEF FINANCIAL OFFICER	5.00			X				110,000.	0.	17,676.	
AMY YOUNG (SEE SCHEDULE O)										44. 686	
EXECUTIVE DIRECTOR	5.00			X		<u> </u>		165,000.	0.	11,676.	
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Form 990 (2010)

									CTION FUND	03-0		/50		age
Pai	rt VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	Position					Reportable	Reportable	9	E	stimat	ed	
		hours per	(check all that apply					oly)	compensation	compensati		1	nount	
		week		Τ	T	Г	Τ	Ť	from	from relate			other	
		(describe	or director				1		the	organization		con	pens	
		hours for	튭				E E		organization	(W-2/1099-MI		1	rom th	
		related	trustee	Institutional trustee			eusa		(W-2/1099-MISC)	,	,	l	anıza	
		organizations	ä	nal tr		Key employee	E .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				d rela	
		ın Schedule	vidus	章	- i	empl	lose	ig.		[8]			anızat	
		O)	Individu	Ī	Officer	Key	Highest compensated employee	Former				"		
			-			-	\vdash					<u> </u>		
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		1 1		1			N	. 1						
		ll												
1b	Sub-total								465,000.		0.	2	9,3	52.
С	Total from continuation sheets to Part V	I, Section A	J100.			*			0.		0.			0.
	Total (add lines 1b and 1c)	•			8				465,000.	mod a managemy	0.	2	9,3	52.
2	Total number of individuals (including but n	ot limited to the	Se	liste	d ah	01/0) wh	n re		000 in reportable				
_	compensation from the organization		"	.,0.0	- u		,	0.0	colved more than \$100	,000 iii iepoitabi	0			2
	componential nom the organization												Yes	No
_	Dililia										Г		162	140
3	Did the organization list any former officer,		stee,	key	em	ploy	ee,	or h	ighest compensated em	nployee on	ŀ			
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	ım of reportable	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization				
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a									dual for services	Ī			
	rendered to the organization? If "Yes," com								o organization of morni	200, 101 001 11000	- 1	5		X
Sect	tion B. Independent Contractors	piete ochedale	0 10	n su	CII	70130	JII					3 1		<u> </u>
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	6100,000 of com	pensa	ation f	rom	
	the organization NONE													
	(A)								(B)			(C)	
	Name and business	address	-						Description of se	ervices	C	omper	isatio	n
										ř				
								+						
								+	***					
		····						\perp						
										2				
	*									-				-
2	Total number of independent contractors (c	adudina hoè ==	+ L	140-1	\$C.41	he-	0 1		abaya) wha	and the s				
	Total number of independent contractors (ir		r nm	wed	to ti	-		ed a	above) who received mo	ore than				
	\$100,000 in compensation from the organiz	ation 📂				0								
												orm C	190	2010

Form 990		VOTE ACTIO	N FUND	03-0554	.750 Page 9
Part VI		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u>	Federated campaigns 1a		-		
on p	Membership dues 1b				
fts,	Fundraising events 1c				
<u>a</u>	Related organizations 1d Government grants (contributions) 1e		·		
Si Si Si	All other contributions, gifts, grants, and	*			
but her	similar amounts not included above 1f 2771712.	٠			
d d d	Noncash contributions included in lines 1a-1f \$				
Se p	Total. Add lines 1a-1f	2771712.		*	
	Business Code				
ც 2 a					
Program Service Revenue					
o c					
P ja					
e lo					
	All other program service revenue Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and				
3	other similar amounts)	1,432.			1,432.
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(i) Real (ii) Personal	V. X			
6 a	Gross Rents	\wedge			
1	Less rental expenses				
1	Rental income or (loss)	*	,		
1	Net rental income or (loss)				
7 a	Gross amount from sales of (i) Securities (ii) Other				
h	assets other than inventory Less cost or other basis				
	and sales expenses				
c	Gain or (loss)		,		
d					
9 8 a	Gross income from fundraising events (not including \$				
eve	contributions reported on line 1c) See				
Other Reven	Part IV, line 18				
a the	Less direct expenses b				
ه ا	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See	d .			
l	Part IV, line 19 a	*			
1	Less direct expenses b				
	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances				
, h	Less cost of goods sold b				
	Net income or (loss) from sales of inventory	. *			
	Miscellaneous Revenue Business Code				
11 a	223.1000 0940				
b					
С					
d	All other revenue				
, e	Total. Add lines 11a-11d				, , , , , , , , , , , , , , , , , , , ,
032009 12-21-10	Total revenue See instructions.	2773144.	0.	0.	1,432. Form 990 (2010)

Form 990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND

03-0554750 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES DUES/SUBSCRIPTIONS 2	(A) xpenses	(B) Program service	e columns (B), (C), and (D) (C) Management and	(D) Fundraising
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payrroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalites Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) RESEARCH FEES DUES/SUBSCRIPTIONS EXPENSE REIMBURSEMENT OTHER All other expenses. Add lines 1 through 24f All other expenses.		expenses	general expenses	expenses
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9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal 2 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 31 Office expenses 14 Information technology 15 Royalties 4 16 Occupancy 1 17 Travel 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2, 72				
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a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 31 2 Advertising and promotion 11 (55 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18 Insurance 29 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2, 72	****			
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 31 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2 , 72				1
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 31 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2 , 72				
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 1 55 13 Office expenses 14 Information technology 15 Royalties 4 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2 , 72	5,974.	13,955.	1,467.	10,552.
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 31 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f. 2, 72	7,549.	¥4,056.	426.	3,067
f Investment management fees g Other 3 31 2 Advertising and promotion 1		Vy		4
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72	\neg	>		
Advertising and promotion 1,55 13 Office expenses 14 Information technology 15 Royalties 40 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	_ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Advertising and promotion 1,55 13 Office expenses 14 Information technology 15 Royalties 40 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	8,618.	171,181.	17,996.	129,441.
13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 2 RESEARCH FEES 2 DUES/SUBSCRIPTIONS 2 EXPENSE REIMBURSEMENT 2 OTHER 2 All other expenses 25 Total functional expenses. Add lines 1 through 24f 2, 72	7,653.	1,557,653.		
15 Royalties 4 16 Occupancy 1 17 Travel 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES 14 b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2, 72	3,949.	492,184.	1,765.	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 2 RESEARCH FEES 2 DUES/SUBSCRIPTIONS 2 EXPENSE REIMBURSEMENT 3 OTHER 4 OTHER 5 All other expenses 25 Total functional expenses. Add lines 1 through 24f. 2, 72				
17 Travel 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 28 RESEARCH FEES 14 29 DUES/SUBSCRIPTIONS 20 20 CEXPENSE REIMBURSEMENT 1 30 OTHER 40 OTHER 50 EXPENSE REIMBURSEMENT 1 51 All other expenses 10 Innes 1 through 24f 10 2, 72	0,590.	40,590.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	4,494.		14,494.	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72	0,279.	10,186.	93.	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES b DUES/SUBSCRIPTIONS c EXPENSE REIMBURSEMENT d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72				
23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES 14 b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES 14 b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72				1.7
above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a RESEARCH FEES 14 b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	1,228.		1,228.	
a RESEARCH FEES 14 b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72				
b DUES/SUBSCRIPTIONS 2 c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72	1,291.	141,291.		
c EXPENSE REIMBURSEMENT 1 d OTHER e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72	8,100.	27,500.	600.	
d OTHER e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	3,381.	8,415.	2,018.	2,948.
e f All other expenses Total functional expenses. Add lines 1 through 24f 2,72	973.	0,413.	973.	2,720:
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 2,72	213.		713.	
25 Total functional expenses. Add lines 1 through 24f 2,72				
	8 232	2,508,253.	62,571.	157,408.
To dotty goats current line F 11 Injury line Got.	0,434.	4,300,233.	02,311.	101,400.
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

WOMEN'S VOICES.WOMEN VOTE ACTION FUND Form 990 (2010) 03-0554750 Page 11 Part X Balance Sheet (A) Beginning of year (B) End of year 303,981. 74,152. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 573. 2 3,240. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 74,725 307,221 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,610. 201,194 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trestees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 13,610. 201,194. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 61,115. 106,027. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 106,027. 61,115. 33 Total net assets or fund balances 33

> 307,221. Form 990 (2010)

74,725.

34

Total liabilities and net assets/fund balances

Form	990 (2010) WOMEN'S VOICES.WOMEN VOTE ACTION FUND	03-055	4750	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		2,77			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,728			
3	Revenue less expenses Subtract line 2 from line 1	3	4	4,9	12.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6.	1,1	15.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	100	5,0	27.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				\sqcup	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt		j		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form 9	9 90 (2	2010)	
	A THE STATE OF THE					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2010

_	WOMEN'S VOICES.WOM				03-0554750
Pa	rt I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar I	Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6			
		(a) Do	onor advised funds		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in dono	r advised fur	nds
Ü	are the organization's property, subject to the organization's	•		advised far	Yes No
6	Did the organization inform all grantees, donors, and donor a	•		ran ha usad i	
J	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	or donor advis	or, or for any other pe	ipose come	Yes No
Pa		raanization and	awared "Ves" to Form	990 Part IV	
1	Purpose(s) of conservation easements held by the organizat			330, Fart 1V,	inje /
- 1	raming .	•		i on historias	Use amount land area
	Preservation of land for public use (e.g., recreation or e	education)			lly important land area
	Protection of natural habitat		Preservation of	a certified n	istoric structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	lified conservat	tion contribution in th	e form of a co	onservation easement on the last
	day of the tax year		0.1		
			~ ~ ~		Held at the End of the Tax Year
а	Total number of conservation easements		~ (_ ~		2a
b	Total acreage restricted by conservation easements		N_{λ}		2b
С	Number of conservation easements on a certified historic str	8. 8			2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	and not on a historic	structure	
	listed in the National Register	~ ` \ `			2d
3	Number of conservation easements modified, transferred, re	leased, exting	uished, or terminated	by the organ	nization during the tax
	year -				
4	Number of states where property subject to conservation ea	sement is loca	ated >		
5	Does the organization have a written policy regarding the pe	eriodic monitor	ing, inspection, handl	ing of	
	violations, and enforcement of the conservation easements in	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing	g conservation easem	ents during t	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing con	servation easements	during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the i	requirements of section	on 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements	s in its revenue and e	cpense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financia	I statements that des	cribes the org	ganization's accounting for
	conservation easements				
Pai	t III Organizations Maintaining Collections o			or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, I	ine 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue	statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, educa	ation, or research in fu	rtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these iter	ns		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	ort in its revenue stat	ement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or re	search in furtherance	of public ser	rvice, provide the following amounts
	relating to these items	,			
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part X				► \$ ► \$
2	If the organization received or held works of art, historical tre	easures or oth	er similar assets for fi	nancial nain	
	the following amounts required to be reported under SFAS 1			•	pro-ried
_	Revenues included in Form 990, Part VIII, line 1		. J. Zunig to the Se itelli	-	•
a	Assets included in Form 990, Part X				▶ \$ ▶ \$
D	7 83013 III OILI OILI OO FAIL A				- U

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032051 12-20-10

-	edule D (Form 990) 2010 WOMEN'S	VOICES.WC							54750	
3	Using the organization's acquisition, accessi									
3	(check all that apply)	ion, and other record	us, criec	A arry Or u	ie ioliowing ti	iai ait a	signinicani	i use oi its	Conection	items
а	Public exhibition		• 🗀	I nan or e	xchange prog	irame				
	Scholarly research		: H		Acriange prog					
b	·		•	Other						
, C	Preservation for future generations	-114		ممالسين کار درما	- Ala a				A V/IV/	
4	Provide a description of the organization's co			-	-			ose in Par	T XIV	
5	During the year, did the organization solicit of					ner simila	ar assets	_	٦"	
De	to be sold to raise funds rather than to be m								∐ Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the	e organiza	tion answere	d "Yes" to	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributi	ons or other a	assets no	t included	d	7	
	on Form 990, Part X?								_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table				Ţ		
									Amount	
С	Beginning balance						1c	ļ		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	212						Yes	No No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to F	orm 990, Pa	rt IV, line	10			
		(a) Current year		Prior year	(c) Two ye		T	years back	(e) Four y	ears back
1a	Beginning of year balance				7					
b	Contributions							AW.		
c	Net investment earnings, gains, and losses	-								
d	Grants or scholarships				Y					
_	Other expenditures for facilities		/	- V						
Ť	and programs			,						
f	Administrative expenses			<i></i>						
g g	End of year balance		- \ -							***
2	Provide the estimated percentage of the year	r and halanca hold							l	
	Board designated or quasi-endowment	r end balasice lield a	15 %							
a		%								
b	Permanent endowment									
C		%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are neio	and adminis	terea for t	ine organi	ization	Г	
	by									es No
	(i) unrelated organizations								3a(i)	
	(II) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the		THE RESERVE AND ADDRESS OF THE PARTY OF THE						V44-01-01-01-01-01-01-01-01-01-01-01-01-01-	
Pa	rt VI Land, Buildings, and Equipm			1	,	т				
	Description of investment	(a) Cost or o basis (investr			st or other s (other)	, ,	ccumulat preciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					1				
е	Other									
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, colur	nn (B). line	10(c))		•			0.
-										

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. (a) Description of security or category		(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(G)		
(H)		
(1)		,
Total (Col (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		,
(4)		
(5)		<u>`</u>
(6)		0
(7)		
(8)		
(10)		
Fotal (Col (b) must equal Form 990, Part X, col (B) line 13.)	>	
Part IX Other Assets. See Form 990, Part X,	line 15	WA
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part		>
(a) Description of liability		nount
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
*****	× .	
(11)	line 25 l	
	line 25) le to the organization's financial statements that	reports the organization's liability for uncertain tax positions under

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Schedule D (Form 990) 2010 WOMEN'S VOICES.WOMEN VOTE ACTION FUND Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia		3-0554750	Page 4
			1 4 4
	1	2,773,	
	2	2,728,	
	3	44,	912.
4 Net unrealized gains (losses) on investments	4		
5 Donated services and use of facilities	5		
6 Investment expenses	6		
7 Prior period adjustments	7		
8 Other (Describe in Part XIV)	3		
· · · · · · · · · · · · · · · · · · ·	9	•	0.
	0	44.	912.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue			
Total revenue, gains, and other support per audited financial statements		1 2,787,	145.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		2,,0,,	1100
a Net unrealized gains on investments	,001.		
	,001.		
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2	e 14,	001.
3 Subtract line 2e from line 1	_3	$\frac{2}{773}$	144.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4	c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,773,	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens			
		1 2,742,	233
· · · · · · · · · · · · · · · · · · ·		1 4,134,	2000
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	001		
	,001.		
b Prior year adjustments			
c Other losses		- "	
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2	e 14,	001.
3 Subtract line 2e from line 1	3	2,728,	<u>232.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		12	
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4	c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0 500	
Part XIV Supplemental Information			
	/ kass 1b se	ad Ob. Dort V. line	1 Dort
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			+, ran
X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide			
PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING S	TANDAR	KDS BUAKD	
(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROV	TIDES C	SUIDANCE F	OR_
REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDE	D DECE	EMBER 31,	
2010, WOMEN'S VOICES HAS DOCUMENTED ITS CONSIDERATION OF	FASB	ASC 740-1	0
	п		
AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS	OIIAI.TE	דות אחת עי	HER
WAS SELECTIVED THAT NO MAISTAN ONCEVIATE TAY LOSTITOES	AAUTI	CAL HILL	141444
משיים אות מתונים בנו שנים בנו את הוא מתונים בנו מתונים בנו מתונים בנו מתונים בנו מתונים בנו מתונים בנו מתונים ב			
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

2010

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

WOMEN'S VOICES.WOMEN VOTE ACTION FUND

Employer identification number 03-0554750

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		-
				1
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			1
	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey of study			
	Form 990 of other organizations X Approval by the poard or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line fa, with respect to the filing			
	organization or a related organization			37
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			v
	The organization?	5a		X
D	Any related organization?	5b		Λ
	If "Yes" to line 5a or 5b, describe in Part III			
6				
	contingent on the net earnings of	60		Х
	The organization?	6a 6b		X
D	Any related organization?	OD		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Page 2

WOMEN'S VOICES, WOMEN VOTE ACTION FUND

Schedule J (Form 990) 2010

03-0554750

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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SCHEDULE O (Form 990 or '990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ. OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization	WOMEN'S VOICES.WOMEN VOTE ACTION FUND	03-0554750
FORM 990, PART	III, LINE 1, DESCRIPTION OF ORGANIZATION M	MISSION:
FOR PUBLIC POLI	CY ISSUES THAT AFFECT THE LIVES OF UNMARRI	ED WOMEN, AND
PUBLICIZING THE	POSITIONS OF ELECTED OFFICIALS CONCERNING	THESE ISSUES.
FORM 990, PART	VI, SECTION B, LINE 11: THE FORM 990 WAS I	PREPARED BY THE
OUTSIDE ACCOUNT	PANTS WITH THE ASSISTANCE OF THE DIRECTOR O	OF FINANCE AND
ADMINISTRATION.	THE FORM WAS REVIEWED BY THE DIRECTOR OF	FINANCE AND
ADMINISTRATION	AND THE PRESIDENT/CEO. THE FINAL FORM 990	WAS DISTRIBUTED
ELECTRONICALLY	TO THE BOARD FOR REVIEW BEFORE FILING WITH	H THE IRS.
	8-2	
FORM 990, PART	VI, SECTION B, LINE 12C: BACH DIRECTOR, PI	RINCIPAL OFFICER
AND MEMBER OF A	A COMMITTEE WITH GOVERNING BOARD DELEGATED	POWERS ANNUALLY
SIGNS A STATEME	ENT WHICH AFFIRMS SUCH PERSON:	
A. HAS RECEIVED	O A COPY OF THE CONFLICTS OF INTEREST POLICE	CY,
B. HAS READ ANI	UNDERSTANDS THE POLICY,	
C. HAS AGREED	TO COMPLY WITH THE POLICY, AND	
D. UNDERSTANDS	THE ORGANIZATION IS CHARITABLE AND, IN ORI	DER TO MAINTAIN ITS
FEDERAL TAX EXI	EMPTION, IT MUST ENGAGE PRIMARILY IN ACTIV	ITIES WHICH
ACCOMPLISH ONE	OR MORE OF ITS TAX-EXEMPT PURPOSES.	
AFTER DISCLOSU	RE OF THE FINANCIAL INTEREST AND ALL MATER	IAL FACTS, AND
AFTER ANY DISCU	USSION WITH THE INTERESTED PERSON, HE/SHE	LEAVES THE
GOVERNING BOARI	D OR COMMITTEE MEETING WHILE THE DETERMINA	TION OF A CONFLICT
OF INTEREST IS	DISCUSSED AND VOTED UPON. THE REMAINING BO	OARD OR COMMITTEE
MEMBERS DECIDE	IF A CONFLICT OF INTEREST EXISTS.	

Schedule O (Form 990 or 990-EZ) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization WOMEN'S VOICES.WOMEN VOTE ACTION FUND	Employer identification number 03-0554750
IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE	TO BELIEVE A
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICT	S OF INTEREST, IT
INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFOR	RDS THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. I	F, AFTER HEARING
THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGAT	TION AS WARRANTED
BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DE	ETERMINES THE
MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFI	ICT OF INTEREST,
IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FUNANCIAL STATE	TEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VII, SECTION A: COMPENSATION OF OFFICERS:	WVWV AF SHARES
STAFF WITH AN UNRELATED ORGANIZATION, WOMEN'S VOICES. WON	MEN VOTE
(WVWV). THE ACTION FUND REIMBURSES WVWV FOR COMPENSATION	OF OFFICERS
RELATED TO ACTION FUND BUSINESS. THE COMPENSATION REPORTS	ED ON PART VII
OF THE FORM 990 IS COMPENSATION DIRECTLY FROM EACH OFFICE	ER'S W-2 FROM
WVWV. THE PORTION OF COMPENSATION REIMBURSED TO WVWV FOR	OFFICER'S TIME
IS SHOWN ON FORM 990, PART IX, LINE 5.	